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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | 10/732,792 |
| | | December 9, 2003 |
| | | First Named Inventor Roy D. Roberts |
| | | Art Unit 2879 |
| Examiner Name Raabe, Christopher M. | | |
| Total Number of Pages in This Submission 12 | Attorney Docket Number 6577P001 | |

| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Postcard</div> |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Chui-Kiu Teresa Wong, Reg. No. 48,042 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature | |
| Date | April 12, 2006 |

| CERTIFICATE OF MAILING/TRANSMISSION | | | |
|--|-----------------|------|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | |
| Typed or printed name | Vanessa Sanchez | | |
| Signature | | Date | April 12, 2006 |



FEE TRANSMITTAL 101 FY 2005

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/732,792 |
| Filing Date | December 9, 2003 |
| First Named Inventor | Roy D. Roberts |
| Examiner Name | Raabe, Christopher M. |
| Art Unit | 2879 |
| Attorney Docket No. | 6577P001 |

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 395.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|---|----------|
| 14 | 22' | 0 | \$0.00 |
| Independent Claims | 2 | 3' | 0 |
| Multiple Dependent | | | |
| Large Entity | Small Entity | | |
| Fee Code | Fee Code | Fee Description | |
| 1202 50 | 2202 25 | Claims in excess of 20 | |
| 1201 200 | 2201 100 | Independent claims in excess of 3 | |
| 1203 360 | 2203 180 | Multiple Dependent claim, if not paid | |
| 1204 790 | 2204 395 | **Reissue independent claims over original patent | |
| 1205 300 | 2205 150 | **Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (1) | | (\$) | 0.00 |

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

| LARGE ENTITIES | | SMALL ENTITIES | | Fee Description | Fee Paid |
|---------------------|----------|-----------------------------------|----------|--|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 2053 | 130 | 2053 | 130 | Non-English specification | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month | |
| 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | |
| 1401 | 500 | 2401 | 250 | Notice of Appeal | |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | |
| 1403 | 1,000 | 2403 | 500 | Request for oral hearing | |
| 1451 | | 2451 | | Petition to institute a public use proceeding | |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| Other fee (specify) | | Request for Continued Examination | | | |
| SUBTOTAL (2) | | | | | |
| | | | | | (\$) |
| | | | | | 395.00 |

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|----------------------|-----------------------------------|----------|-----------|----------------|
| Name (Print/Type) | Chui-Kiu Teresa Wong | Registration No. (Attorney/Agent) | 48,042 | Telephone | (408) 720-8300 |
| Signature | | Date | 04/12/06 | | |